

**TEXAS FRANCHISE TAX PUBLIC INFORMATION REPORT** **File Number: 110172100**

(To be filed by Corporations and Limited Liability Companies (LLCs))

This report **MUST** be filed to satisfy franchise tax requirements

05-102  
(Rev. 1-08/28)  
Code 13196

Taxpayer number

Report year

3 0 1 1 3 2 6 4 4 6 6

*You have certain rights under Chapter 552 and 559, Government Code, to review, request, and correct information we have on file about you. Contact us at: (512) 463-4600, or (800) 252-1381, toll free nationwide.*

Taxpayer name  
**WESTMONT HOSPITALITY GROUP, INC.**

Mailing address  
**5847 SAN FELIPE ST STE 4650**

City  
**HOUSTON**

State  
**TX**

ZIP Code  
**77057**

Plus 4  
**3277**

Secretary of State file number or  
Comptroller file number  
**0110172100**

☒ Blacken circle if there are currently no changes or additions to the information displayed in Section A of this report. Then complete Sections B and C.

Entity's principal office

Principal place of business

*Please sign below!*

Officer, director and member information is reported as of the date a Public Information Report is completed. The information is updated annually as part of the franchise tax report. There is no requirement or procedure for supplementing the information as officers, directors, or members change throughout the year.



3011326446608

**SECTION A** Name, title and mailing address of each officer, director or member.

Name	Title
<b>MOEZ MANGALJI</b>	<b>SECRETARY</b>
Mailing address <b>5847 SAN FELIPE SUITE 4650</b>	City <b>HOUSTON</b>
Name	Title
<b>A MAJID MANGALJI</b>	<b>PRESIDENT</b>
Mailing address <b>5847 SAN FELIPE SUITE 4650</b>	City <b>HOUSTON</b>
Name	Title
<b>MOEZ MANGALJI</b>	<b>DIRECTOR</b>
Mailing address <b>5847 SAN FELIPE SUITE 4650</b>	City <b>HOUSTON</b>
Name	Title
Mailing address	City

Director	m	m	d	d	y	y
<input type="radio"/> YES	Term	expiration				
	State		ZIP code			
	TX		77057			
Director	m	m	d	d	y	y
<input type="radio"/> YES	Term	expiration				
	State		ZIP code			
	TX		77057			
Director	m	m	d	d	y	y
<input checked="" type="radio"/> YES	Term	expiration				
	State		ZIP code			
	TX		77057			
Director	m	m	d	d	y	y
<input type="radio"/> YES	Term	expiration				
	State		ZIP code			

**SECTION B** Enter the information required for each corporation or LLC, if any, in which this reporting entity owns an interest of ten percent (10%) or more.

Name of owned (subsidiary) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of Ownership
Name of owned (subsidiary) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of Ownership

**SECTION C** Enter the information required for each corporation or LLC, if any, that owns an interest of ten percent (10%) or more in this reporting entity or limited liability company.

Name of owned (parent) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of Ownership
Registered agent and registered office currently on file. (See instructions if you need to make changes)			
Agent: <b>CAPITOL CORPORATE SERVICES, INC.</b>			
Office: <b>800 BRAZOS, SUITE 400</b>	City <b>AUSTIN</b>	State <b>TX</b>	ZIP Code <b>78701</b>

The above information is required by Section 171.203 of the Tax Code for each corporation or limited liability company that files a Texas Franchise Tax Report. Use additional sheets for Sections A, B, and C, if necessary. The information will be available for public inspection.

I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below, and that a copy of this report has been mailed to each person named in this report who is an officer, director or member and who is not currently employed by this, or a related, corporation or limited liability company.

sign here Title Date 05/07/2012 Area code and phone number (713) 782 - 9100

**PL Sum. J.**

**Ex. 155**

**PLAINTIFF'S  
EXHIBIT**

**184**

VE/DE ☐ PIR IND ☐





05-102

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## TEXAS FRANCHISE TAX PUBLIC INFORMATION REPORT

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Mailing address

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City

HOUSTON

State  
TXZIP Code  
77057Plus 4  
3277Secretary of State file number or  
Comptroller file number

0110172100

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Principal place of business

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3011326446608

## SECTION A Name, title and mailing address of each officer, director or member.

Name

Title

MOEZ MANGALJI

VICE PRESI

Mailing address

5847 SAN FELIPE SUITE 4650

City

HOUSTON

Name

A MAJID MANGALJI

DIRECTOR

Mailing address

5847 SAN FELIPE SUITE 4650

City

HOUSTON

Name

A MAJID MANGALJI

DIRECTOR

Mailing address

5847 SAN FELIPE SUITE 4650

City

HOUSTON

Name

Mailing address

City

Director

☐ YESTerm  
expiration

m m d d y y

State  
TXZIP code  
77057

Director

☒ YESTerm  
expiration

m m d d y y

State  
TXZIP code  
77057

Director

☒ YESTerm  
expiration

m m d d y y

State  
TXZIP code  
77057

Director

☐ YESTerm  
expiration

m m d d y y

State

ZIP code

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Name of owned (subsidiary) corporation or limited liability company

State of formation

Texas SOS file number, if any

Percentage of Ownership

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State of formation

Texas SOS file number, if any

Percentage of Ownership

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Name of owned (parent) corporation or limited liability company

State of formation

Texas SOS file number, if any

Percentage of Ownership

Registered agent and registered office currently on file. (See instructions if you need to make changes)

Agent: CAPITOL CORPORATE SERVICES, INC.

☐ Blacken circle if you need forms to change the registered agent or registered office information.

Office: 800 BRAZOS, SUITE 400

City  
AUSTINState  
TXZIP Code  
78701

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sign  
here

Title

Date  
05/07/2012Area code and phone number  
(713) 782 - 9100

Texas Comptroller of Public Accounts

VE/DE

☐

PIR IND

☐





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State

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**SECTION A** Name, title and mailing address of each officer, director or member.

Name

Title

**A MAJID MANGALJI****TREASURER**

Mailing address

**5847 SAN FELIPE SUITE 4650**

City

**HOUSTON**

Name

Title

Mailing address

City

Name

Title

Mailing address

City

Name

Title

Mailing address

City

Director

☐ YESTerm  
expiration

m m d d y y

State

**TX**

ZIP code

**77057**

Director

☐ YESTerm  
expiration

m m d d y y

State

ZIP code

Director

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Director

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expiration

m m d d y y

State

ZIP code

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State of formation

Texas SOS file number, if any

Percentage of Ownership

Name of owned (subsidiary) corporation or limited liability company

State of formation

Texas SOS file number, if any

Percentage of Ownership

**SECTION C** Enter the information required for each corporation or LLC, if any, that owns an interest of ten percent (10%) or more in this reporting entity or limited liability company.

Name of owned (parent) corporation or limited liability company

State of formation

Texas SOS file number, if any

Percentage of Ownership

Registered agent and registered office currently on file. (See instructions if you need to make changes)

**Agent: CAPITOL CORPORATE SERVICES, INC.**

☐ Blacken circle if you need forms to change the registered agent or registered office information.

**Office: 800 BRAZOS, SUITE 400**City  
**AUSTIN**State  
**TX**ZIP Code  
**78701**

The above information is required by Section 171.203 of the Tax Code for each corporation or limited liability company that files a Texas Franchise Tax Report. Use additional sheets for Sections A, B, and C, if necessary. The information will be available for public inspection.

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**sign  
here**

Title

Date

**05/07/2012**

Area code and phone number

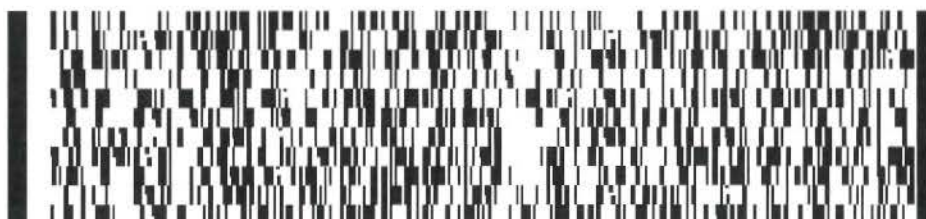
**(713) 782 - 9100**

Texas Franchise Tax Public Information Report

VE/DE

☐

PIR IND

☐

Filing Number: 110172100

05-102  
(Rev. 9-11/30)**Texas Franchise Tax Public Information Report**

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Taxcode 13196 Franchise

Taxpayer number

3 0 1 1 3 2 6 4 4 6 6

Report year

2 0 1 3

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Taxpayer name

WESTMONT HOSPITALITY GROUP, INC.

Mailing address

5847 SAN FELIPE ST STE 4650

Secretary of State (SOS) file number or  
Comptroller file number

City

HOUSTON

State

TX

ZIP Code

77057

Plus 4

0110172100

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Principal office

Principal place of business

*Please sign below!*

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3011326446613

**SECTION A** Name, title and mailing address of each officer, director or manager.

Name	Title	Director	Term expiration	m	m	d	d	y	y
MOEZ MANGALJI	DIRECTOR	<input checked="" type="radio"/> YES							
Mailing address 5847 SAN FELIPE SUITE 4650	City HOUSTON	State TX	ZIP Code 77057						
A MAJID MANGALJI	DIRECTOR	<input checked="" type="radio"/> YES							
Mailing address 5847 SAN FELIPE SUITE 4650	City HOUSTON	State TX	ZIP Code 77057						
A MAJID MANGALJI	PRESIDENT	<input checked="" type="radio"/> YES							
Mailing address 5847 SAN FELIPE SUITE 4650	City HOUSTON	State TX	ZIP Code 77057						

**SECTION B** Enter the information required for each corporation or LLC, if any, in which this entity owns an interest of 10 percent or more.

Name of owned (subsidiary) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of ownership

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Agent: CAPITOL CORPORATE SERVICES, INC.

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Office: 800 BRAZOS, SUITE 400

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sign here

Cindy Chin

Title

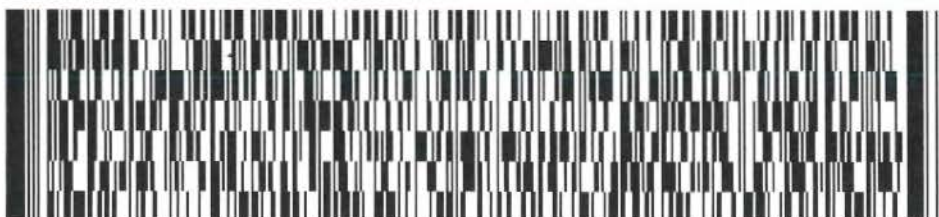
Electronic

Date

05-10-2013

Area code and phone number

( 713 ) 782 - 9100

**Texas Comptroller Official Use Only**

VE/DE	<input type="radio"/>	PIR IND	<input type="radio"/>
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05-102  
(Rev. 9-11/30)

## Texas Franchise Tax Public Information Report

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Code 13196 Franchise

Taxpayer number

Report year

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Taxpayer name

WESTMONT HOSPITALITY GROUP, INC.

Mailing address

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Secretary of State (SOS) file number or  
Comptroller file number

City

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State

TX

ZIP Code

77057

Plus 4

0110172100

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### SECTION A Name, title and mailing address of each officer, director or manager.

Name	Title	Director	Term expiration	m	m	d	d	y	y
A MAJID MANGALJI	TREASURER	<input checked="" type="radio"/> YES							
Mailing address	City	State	ZIP Code						
5847 SAN FELIPE SUITE 4650	HOUSTON	TX	77057						
Name	Title	Director	Term expiration	m <th>m</th> <th>d</th> <th>d</th> <th>y</th> <th>y</th>	m	d	d	y	y
MOEZ MANGALJI	VICE PRESI	<input checked="" type="radio"/> YES							
Mailing address	City	State	ZIP Code						
5847 SAN FELIPE SUITE 4650	HOUSTON	TX	77057						
Name	Title	Director	Term expiration	m <th>m</th> <th>d</th> <th>d</th> <th>y</th> <th>y</th>	m	d	d	y	y
A MAJID MANGALJI	DIRECTOR	<input checked="" type="radio"/> YES							
Mailing address	City	State	ZIP Code						
5847 SAN FELIPE SUITE 4650	HOUSTON	TX	77057						

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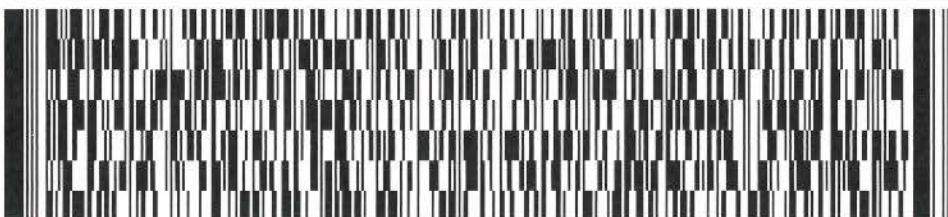
Office	City	State	ZIP Code
800 BRAZOS, SUITE 400	AUSTIN	TX	78701

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Signature	Title	Date	Area code and phone number
Cindy Chin	Electronic	05-10-2013	( 713 ) 782 - 9100

### Texas Comptroller Official Use Only



VE/DE	PIR IND
<input type="radio"/>	<input type="radio"/>



Computer  
of Public  
Accounts  
FORM

05-102

(Rev. 9-11/30)

Taxcode 13196 Franchise

**Texas Franchise Tax Public Information Report**

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Taxpayer name

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Mailing address

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Secretary of State (SOS) file number or  
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3011326446613

Name <b>MOEZ MANGALJI</b>	Title <b>SECRETARY</b>	Director <input checked="" type="radio"/> YES	Term expiration m m d d y y [ ][ ][ ][ ][ ][ ]
Mailing address <b>5847 SAN FELIPE SUITE 4650</b>	City <b>HOUSTON</b>	State <b>TX</b>	ZIP Code <b>77057</b>
Name	Title	Director <input type="radio"/> YES	Term expiration m m d d y y [ ][ ][ ][ ][ ][ ]
Mailing address	City	State	ZIP Code
Name	Title	Director <input type="radio"/> YES	Term expiration m m d d y y [ ][ ][ ][ ][ ][ ]
Mailing address	City	State	ZIP Code

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Agent: **CAPITOL CORPORATE SERVICES, INC.**

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Office: **800 BRAZOS, SUITE 400**

City

**AUSTIN**

State

**TX**

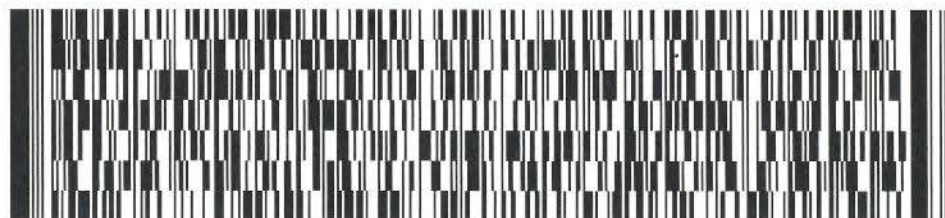
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sign here <b>Cindy Chin</b>	Title <b>Electronic</b>	Date <b>05-10-2013</b>	Area code and phone number <b>( 713 ) 782 - 9100</b>
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**Texas Comptroller Official Use Only**

VE/DE	<input type="radio"/>	PIR IND	<input type="radio"/>
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TC 099A

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Mailing address <b>5847 SAN FELIPE ST STE 4650</b>			Secretary of State (SOS) file number or Comptroller file number <b>0110172100</b>
City <b>HOUSTON</b>	State <b>TX</b>	ZIP Code <b>77057</b>	Plus 4

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Principal office <b>5847 SAN FELIPE ST STE 4650, HOUSTON, TX 77057</b>
Principal place of business <b>5847 SAN FELIPE STE STE 4650, HOUSTON, TX 77057</b>

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3011326446614

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Name <b>A MAJID MANGALJI</b>	Title <b>DIRECTOR</b>	Director <input checked="" type="radio"/> YES	Term expiration m m d d y y
Mailing address <b>5847 SAN FELIPE SUITE 4650</b>	City <b>HOUSTON</b>	State <b>TX</b>	ZIP Code <b>77057</b>
Name <b>MOEZ MANGALJI</b>	Title <b>VICE PRESI</b>	Director <input checked="" type="radio"/> YES	Term expiration m m d d y y
Mailing address <b>5847 SAN FELIPE SUITE 4650</b>	City <b>HOUSTON</b>	State <b>TX</b>	ZIP Code <b>77057</b>
Name <b>MOEZ MANGALJI</b>	Title <b>DIRECTOR</b>	Director <input checked="" type="radio"/> YES	Term expiration m m d d y y
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Office: <b>800 BRAZOS, SUITE 400</b>	City <b>AUSTIN</b>	State <b>TX</b>	ZIP Code <b>78701</b>
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sign here <b>Cindy Chin</b>	Title <b>Electronic</b>	Date <b>05-08-2014</b>	Area code and phone number <b>( 713 ) 782 - 9100</b>
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**Texas Comptroller Official Use Only**

VE/DE <input type="radio"/>	PIR IND <input type="radio"/>
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Comptroller of Public Accounts  
05-102  
(Rev. 9-11/30)

## Texas Franchise Tax Public Information Report

To be filed by Corporations, Limited Liability Companies (LLC) and Financial Institutions

This report MUST be signed and filed to satisfy franchise tax requirements

■ Taxcode 13196 Franchise

■ Taxpayer number

3 0 1 1 3 2 6 4 4 6 6

■ Report year

2 0 1 4

You have certain rights under Chapter 552 and 559, Government Code, to review, request, and correct information we have on file about you. Contact us at (800) 252-1381 or (512) 463-4600.

Taxpayer name <b>WESTMONT HOSPITALITY GROUP, INC.</b>			
Mailing address <b>5847 SAN FELIPE ST STE 4650</b>			Secretary of State (SOS) file number or Comptroller file number <b>0110172100</b>
City <b>HOUSTON</b>	State <b>TX</b>	ZIP Code <b>77057</b>	Plus 4

○ Blacken circle if there are currently no changes from previous year; if no information is displayed, complete the applicable information in Sections A, B and C.

Principal office <b>5847 SAN FELIPE ST STE 4650, HOUSTON, TX 77057</b>
Principal place of business <b>5847 SAN FELIPE STE STE 4650, HOUSTON, TX 77057</b>

*Please sign below!*

Officer, director and manager information is reported as of the date a Public Information Report is completed. The information is updated annually as part of the franchise tax report. There is no requirement or procedure for supplementing the information as officers, directors, or managers change throughout the year.



### SECTION A Name, title and mailing address of each officer, director or manager.

Name	Title	Director	Term expiration	m	m	d	d	y	y
<b>MOEZ MANGALJI</b>	<b>SECRETARY</b>	<input checked="" type="radio"/> YES							
Mailing address <b>5847 SAN FELIPE SUITE 4650</b>	City <b>HOUSTON</b>	State <b>TX</b>	ZIP Code <b>77057</b>						
<b>A MAJID MANGALJI</b>	<b>TREASURER</b>	<input checked="" type="radio"/> YES							
Mailing address <b>5847 SAN FELIPE SUITE 4650</b>	City <b>HOUSTON</b>	State <b>TX</b>	ZIP Code <b>77057</b>						
<b>A MAJID MANGALJI</b>	<b>DIRECTOR</b>	<input checked="" type="radio"/> YES							
Mailing address <b>5847 SAN FELIPE SUITE 4650</b>	City <b>HOUSTON</b>	State <b>TX</b>	ZIP Code <b>77057</b>						

### SECTION B Enter the information required for each corporation or LLC, if any, in which this entity owns an interest of 10 percent or more.

Name of owned (subsidiary) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of ownership

### SECTION C Enter the information required for each corporation or LLC, if any, that owns an interest of 10 percent or more in this entity or limited liability company.

Name of owned (parent) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of ownership

Registered agent and registered office currently on file. (see instructions if you need to make changes)  
Agent: **CAPITOL CORPORATE SERVICES, INC.**

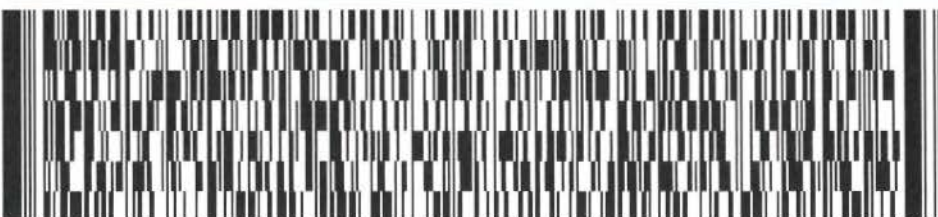
Office: **800 BRAZOS, SUITE 400** City **AUSTIN** State **TX** ZIP Code **78701**

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05-102  
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### SECTION A Name, title and mailing address of each officer, director or manager.

Name <b>MOEZ MANGALJI</b>	Title <b>DIRECTOR</b>	Director <input checked="" type="radio"/> YES	Term expiration m m d d y y [ ][ ][ ][ ][ ][ ]
Mailing address <b>5847 SAN FELIPE SUITE 4650</b>	City <b>HOUSTON</b>	State <b>TX</b>	ZIP Code <b>77057</b>
Name <b>MOEZ MANGALJI</b>	Title <b>DIRECTOR</b>	Director <input checked="" type="radio"/> YES	Term expiration m m d d y y [ ][ ][ ][ ][ ][ ]
Mailing address <b>5847 SAN FELIPE SUITE 4650</b>	City <b>HOUSTON</b>	State <b>TX</b>	ZIP Code <b>77057</b>
Name <b>A MAJID MANGALJI</b>	Title <b>DIRECTOR</b>	Director <input checked="" type="radio"/> YES	Term expiration m m d d y y [ ][ ][ ][ ][ ][ ]
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Agent: <b>CAPITOL CORPORATE SERVICES, INC.</b>			
Office: <b>800 BRAZOS, SUITE 400</b>	City <b>AUSTIN</b>	State <b>TX</b>	ZIP Code <b>78701</b>

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**Texas Franchise Tax Public Information Report**05-102  
(Rev. 9-11/30)

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Taxcode 13196 Franchise

Taxpayer number

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3011326446614

**SECTION A** Name, title and mailing address of each officer, director or manager.

Name <b>A MAJID MANGALJI</b>	Title <b>DIRECTOR</b>	Director <input checked="" type="radio"/> YES	Term expiration m m d d y y <input type="text"/>
Mailing address <b>5847 SAN FELIPE SUITE 4650</b>	City <b>HOUSTON</b>	State <b>TX</b>	ZIP Code <b>77057</b>
Name <b>A MAJID MANGALJI</b>	Title <b>PRESIDENT</b>	Director <input checked="" type="radio"/> YES	Term expiration m m d d y y <input type="text"/>
Mailing address <b>5847 SAN FELIPE SUITE 4650</b>	City <b>HOUSTON</b>	State <b>TX</b>	ZIP Code <b>77057</b>
Name	Title	Director <input type="radio"/> YES	Term expiration m m d d y y <input type="text"/>
Mailing address	City	State	ZIP Code

**SECTION B** Enter the information required for each corporation or LLC, if any, in which this entity owns an interest of 10 percent or more.

Name of owned (subsidiary) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of ownership
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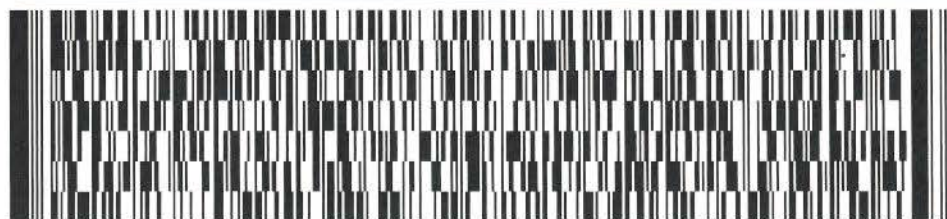
Agent: **CAPITOL CORPORATE SERVICES, INC.**
☐ Blacken circle if you need forms to change the registered agent or registered office information.

Office: <b>800 BRAZOS, SUITE 400</b>	City <b>AUSTIN</b>	State <b>TX</b>	ZIP Code <b>78701</b>
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sign here <b>Cindy Chin</b>	Title <b>Electronic</b>	Date <b>05-08-2014</b>	Area code and phone number <b>( 713 ) 782 - 9100</b>
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Filing Number: 110172100


 05-102  
 Corporation of Public  
 Accounts  
 FORM

# Texas Franchise Tax Public Information Report

To be filed by Corporations, Limited Liability Companies (LLC) and Financial Institutions  
 This report **MUST** be signed and filed to satisfy franchise tax requirements

Taxcode 13196 Franchise

Taxpayer number

Report year

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3 0 1 1 3 2 6 4 4 6 6

2 0 1 5

Taxpayer name <b>WESTMONT HOSPITALITY GROUP, INC.</b>			
Mailing address <b>5847 SAN FELIPE ST STE 4650</b>			Secretary of State (SOS) file number or Comptroller file number <b>0110172100</b>
City <b>HOUSTON</b>	State <b>TX</b>	ZIP Code <b>77057</b>	Plus 4

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## SECTION A Name, title and mailing address of each officer, director or manager.

3011326446615

Name <b>MOEZ MANGALJI</b>	Title <b>DIRECTOR</b>	Director <input checked="" type="radio"/> YES	Term expiration m m d d y y [ ][ ][ ][ ][ ][ ]
Mailing address <b>5847 SAN FELIPE SUITE 4650</b>	City <b>HOUSTON</b>	State <b>TX</b>	ZIP Code <b>77057</b>
Name <b>A MAJID MANGALJI</b>	Title <b>DIRECTOR</b>	Director <input checked="" type="radio"/> YES	Term expiration m m d d y y [ ][ ][ ][ ][ ][ ]
Mailing address <b>5847 SAN FELIPE SUITE 4650</b>	City <b>HOUSTON</b>	State <b>TX</b>	ZIP Code <b>77057</b>
Name <b>A MAJID MANGALJI</b>	Title <b>DIRECTOR</b>	Director <input checked="" type="radio"/> YES	Term expiration m m d d y y [ ][ ][ ][ ][ ][ ]
Mailing address <b>5847 SAN FELIPE SUITE 4650</b>	City <b>HOUSTON</b>	State <b>TX</b>	ZIP Code <b>77057</b>

## SECTION B Enter the information required for each corporation or LLC, if any, in which this entity owns an interest of 10 percent or more.

Name of owned (subsidiary) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of ownership
Name of owned (subsidiary) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of ownership

## SECTION C Enter the information required for each corporation or LLC, if any, that owns an interest of 10 percent or more in this entity or limited liability company.

Name of owned (parent) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of ownership
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Registered agent and registered office currently on file. (see instructions if you need to make changes)

 Agent: **CAPITOL CORPORATE SERVICES, INC.**

Blacken circle if you need forms to change the registered agent or registered office information.

Office: <b>800 BRAZOS, SUITE 400</b>	City <b>AUSTIN</b>	State <b>TX</b>	ZIP Code <b>78701</b>
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sign here <b>Cindy Chin</b>	Title <b>Electronic</b>	Date <b>05-12-2015</b>	Area code and phone number <b>( 713 ) 782 - 9100</b>
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## Texas Comptroller Official Use Only



VE/DE <input type="radio"/>	PIR IND <input type="radio"/>
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**Texas Franchise Tax Public Information Report**Comptroller  
of Public  
Accounts  
FC099A

05-102

(Rev. 9-11/30)

To be filed by Corporations, Limited Liability Companies (LLC) and Financial Institutions

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Tax Code 13196 Franchise

Taxpayer number

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3 0 1 1 3 2 6 4 4 6 6

2 0 1 5

Taxpayer name  
**WESTMONT HOSPITALITY GROUP, INC.**Mailing address  
**5847 SAN FELIPE ST STE 4650**Secretary of State (SOS) file number or  
Comptroller file numberCity  
**HOUSTON**State  
**TX**ZIP Code  
**77057**

Plus 4

**0110172100**☐ Blacken circle if there are currently no changes from previous year; if no information is displayed, complete the applicable information in Sections A, B and C.Principal office  
**5847 SAN FELIPE ST STE 4650, HOUSTON, TX 77057**Principal place of business  
**5847 SAN FELIPE ST STE 4650, HOUSTON, TX 77057***Please sign below!*

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**SECTION A** Name, title and mailing address of each officer, director or manager.

3011326446615

Name <b>MOEZ MANGALI</b>	Title <b>VICE PRESI</b>	Director <input checked="" type="radio"/> YES	Term expiration m m d d y y <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Mailing address <b>5847 SAN FELIPE SUITE 4650</b>	City <b>HOUSTON</b>	State <b>TX</b>	ZIP Code <b>77057</b>
Name <b>MOEZ MANGALJI</b>	Title <b>DIRECTOR</b>	Director <input checked="" type="radio"/> YES	Term expiration m m d d y y <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Mailing address <b>5847 SAN FELIPE SUITE 4650</b>	City <b>HOUSTON</b>	State <b>TX</b>	ZIP Code <b>77057</b>
Name <b>MOEZ MANGALJI</b>	Title <b>DIRECTOR</b>	Director <input checked="" type="radio"/> YES	Term expiration m m d d y y <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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**AUSTIN**State  
**TX**ZIP Code  
**78701**

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VE/DE

☐

PIR IND

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Comptroller of Public Accounts  
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### SECTION A Name, title and mailing address of each officer, director or manager.

Name <b>A MAJID MANGALJI</b>	Title <b>DIRECTOR</b>	Director <input checked="" type="radio"/> YES	Term expiration m m d d y y <b>3011326446615</b>
Mailing address <b>5847 SAN FELIPE SUITE 4650</b>	City <b>HOUSTON</b>	State <b>TX</b>	ZIP Code <b>77057</b>
Name <b>A MAJID MANGALJI</b>	Title <b>DIRECTOR</b>	Director <input checked="" type="radio"/> YES	Term expiration m m d d y y <b>3011326446615</b>
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Name <b>MOEZ MANGALJI</b>	Title <b>DIRECTOR</b>	Director <input checked="" type="radio"/> YES	Term expiration m m d d y y <b>3011326446615</b>
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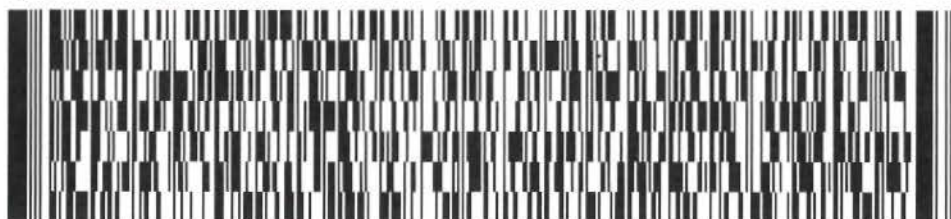
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sign here) <b>Cindy Chin</b>	Title <b>Electronic</b>	Date <b>05-12-2015</b>	Area code and phone number <b>( 713 ) 782 - 9100</b>
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### Texas Comptroller Official Use Only



VE/DE	<input type="radio"/>	PIR IND	<input type="radio"/>
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05-102  
(Rev. 9-11/30)

## Texas Franchise Tax Public Information Report

To be filed by Corporations, Limited Liability Companies (LLC) and Financial Institutions

This report **MUST** be signed and filed to satisfy franchise tax requirements

■ Taxcode 13196 Franchise

■ Taxpayer number

■ Report year

You have certain rights under Chapter 552 and 559, Government Code, to review, request, and correct information we have on file about you. Contact us at (800) 252-1381 or (512) 463-4600.

3 0 1 1 3 2 6 4 4 6 6

2 0 1 5

Taxpayer name **WESTMONT HOSPITALITY GROUP, INC.**

Mailing address **5847 SAN FELIPE ST STE 4650**

Secretary of State (SOS) file number or  
Comptroller file number

City **HOUSTON**

State **TX**

ZIP Code **77057**

Plus 4

**0110172100**

☐ Blacken circle if there are currently no changes from previous year; if no information is displayed, complete the applicable information in Sections A, B and C.

Principal office **5847 SAN FELIPE ST STE 4650, HOUSTON, TX 77057**

Principal place of business **5847 SAN FELIPE ST STE 4650, HOUSTON, TX 77057**

*Please sign below!*

Officer, director and manager information is reported as of the date a Public Information Report is completed. The information is updated annually as part of the franchise tax report. There is no requirement or procedure for supplementing the information as officers, directors, or managers change throughout the year.



3011326446615

### SECTION A Name, title and mailing address of each officer, director or manager.

Name	Title	Director	Term expiration	m	m	d	d	y	y
<b>MOEZ MANGALJI</b>	<b>SECRETARY</b>	<input checked="" type="radio"/> YES							
Mailing address <b>5847 SAN FELIPE SUITE 4650</b>	City <b>HOUSTON</b>	State <b>TX</b>	ZIP Code <b>77057</b>						
<b>A MAJID MANGALJI</b>	<b>TREASURER</b>	<input checked="" type="radio"/> YES							
Mailing address <b>5847 SAN FELIPE SUITE 4650</b>	City <b>HOUSTON</b>	State <b>TX</b>	ZIP Code <b>77057</b>						
<b>A MAJID MANGALJI</b>	<b>DIRECTOR</b>	<input checked="" type="radio"/> YES							
Mailing address <b>5847 SAN FELIPE SUITE 4650</b>	City <b>HOUSTON</b>	State <b>TX</b>	ZIP Code <b>77057</b>						

### SECTION B Enter the information required for each corporation or LLC, if any, in which this entity owns an interest of 10 percent or more.

Name of owned (subsidiary) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of ownership

### SECTION C Enter the information required for each corporation or LLC, if any, that owns an interest of 10 percent or more in this entity or limited liability company.

Name of owned (parent) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of ownership

Registered agent and registered office currently on file. (see instructions if you need to make changes)

Agent: **CAPITOL CORPORATE SERVICES, INC.**

☐ Blacken circle if you need forms to change the registered agent or registered office information.

Office: **800 BRAZOS, SUITE 400**

City **AUSTIN**

State **TX**

ZIP Code **78701**

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sign here **Cindy Chin**

Title **Electronic**

Date **05-12-2015**

Area code and phone number  
( 713 ) 782 - 9100

### Texas Comptroller Official Use Only



VE/DE	<input type="radio"/>	PIR IND	<input type="radio"/>
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**Texas Franchise Tax Public Information Report**

Comptroller of Public Accounts  
TC0994 05-102  
(Rev. 9-11/30)

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3 0 1 1 3 2 6 4 4 6 6

2 0 1 5

Taxpayer name <b>WESTMONT HOSPITALITY GROUP, INC.</b>			
Mailing address <b>5847 SAN FELIPE ST STE 4650</b>			Secretary of State (SOS) file number or Comptroller file number <b>0110172100</b>
City <b>HOUSTON</b>	State <b>TX</b>	ZIP Code <b>77057</b>	Plus 4

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Principal office <b>5847 SAN FELIPE ST STE 4650, HOUSTON, TX 77057</b>
Principal place of business <b>5847 SAN FELIPE ST STE 4650, HOUSTON, TX 77057</b>

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3011326446615

**SECTION A** Name, title and mailing address of each officer, director or manager.

Name <b>MOEZ MANGALJI</b>	Title <b>DIRECTOR</b>	Director <input checked="" type="radio"/> YES	Term expiration m m d d y y <b>3011326446615</b>
Mailing address <b>5847 SAN FELIPE SUITE 4650</b>	City <b>HOUSTON</b>	State <b>TX</b>	ZIP Code <b>77057</b>
Name <b>A MAJID MANGALJI</b>	Title <b>DIRECTOR</b>	Director <input checked="" type="radio"/> YES	Term expiration m m d d y y
Mailing address <b>5847 SAN FELIPE SUITE 4650</b>	City <b>HOUSTON</b>	State <b>TX</b>	ZIP Code <b>77057</b>
Name <b>A MAJID MANGALJI</b>	Title <b>PRESIDENT</b>	Director <input checked="" type="radio"/> YES	Term expiration m m d d y y
Mailing address <b>5847 SAN FELIPE SUITE 4650</b>	City <b>HOUSTON</b>	State <b>TX</b>	ZIP Code <b>77057</b>

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Agent: **CAPITOL CORPORATE SERVICES, INC.** ☐ Blacken circle if you need forms to change the registered agent or registered office information.

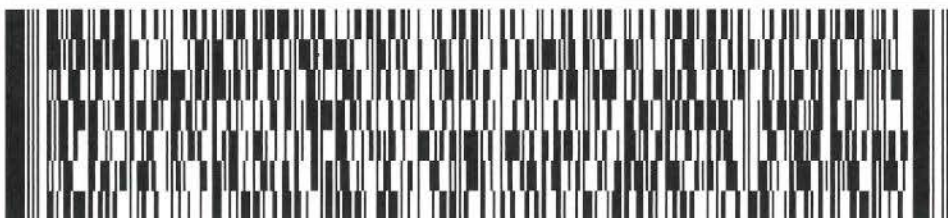
Office: <b>800 BRAZOS, SUITE 400</b>	City <b>AUSTIN</b>	State <b>TX</b>	ZIP Code <b>78701</b>
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sign here <b>Cindy Chin</b>	Title <b>Electronic</b>	Date <b>05-12-2015</b>	Area code and phone number <b>( 713 ) 782 - 9100</b>
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**Texas Comptroller Official Use Only**



VE/DE <input type="radio"/>	PIR IND <input type="radio"/>
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Filing Number: 110172100

**Texas Franchise Tax Public Information Report**05-102  
(Rev. 9-11/30)

To be filed by Corporations, Limited Liability Companies (LLC) and Financial Institutions

This report MUST be signed and filed to satisfy franchise tax requirements

Taxcode 13196 Franchise

Taxpayer number

Report year

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3 0 1 1 3 2 6 4 4 6 6

2 0 1 6

Taxpayer name <b>WESTMONT HOSPITALITY GROUP, INC.</b>			
Mailing address <b>5847 SAN FELIPE ST STE 4600</b>			Secretary of State (SOS) file number or Comptroller file number <b>0110172100</b>
City <b>HOUSTON</b>	State <b>TX</b>	ZIP Code <b>77057</b>	Plus 4

☐ Blacken circle if there are currently no changes from previous year; if no information is displayed, complete the applicable information in Sections A, B and C.

Principal office <b>5847 SAN FELIPE ST STE 4600, HOUSTON, TX 77057</b>
Principal place of business <b>5847 SAN FELIPE ST STE 4600, HOUSTON, TX 77057</b>

**Please sign below!**

Officer, director and manager information is reported as of the date a Public Information Report is completed. The information is updated annually as part of the franchise tax report. There is no requirement or procedure for supplementing the information as officers, directors, or managers change throughout the year.

**SECTION A** Name, title and mailing address of each officer, director or manager.

3011326446616

Name <b>A MAJID MANGALJI</b>	Title <b>PRESIDENT</b>	Director <input checked="" type="radio"/> YES	Term expiration m m d d y y <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Mailing address <b>5847 SAN FELIPE SUITE 4600</b>	City <b>HOUSTON</b>	State <b>TX</b>	ZIP Code <b>77057</b>
Name <b>MOEZ MANGALJI</b>	Title <b>VP/SEC</b>	Director <input checked="" type="radio"/> YES	Term expiration m m d d y y <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Mailing address <b>5847 SAN FELIPE SUITE 4600</b>	City <b>HOUSTON</b>	State <b>TX</b>	ZIP Code <b>77057</b>
Name	Title	Director <input type="radio"/> YES	Term expiration m m d d y y <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Mailing address	City	State	ZIP Code

**SECTION B** Enter the information required for each corporation or LLC, if any, in which this entity owns an interest of 10 percent or more.

Name of owned (subsidiary) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of ownership
Name of owned (subsidiary) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of ownership

**SECTION C** Enter the information required for each corporation or LLC, if any, that owns an interest of 10 percent or more in this entity or limited liability company.

Name of owned (parent) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of ownership
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Registered agent and registered office currently on file. (see instructions if you need to make changes)

Agent: **CAPITOL CORPORATE SERVICES, INC.**
☐ Blacken circle if you need forms to change the registered agent or registered office information.

Office: <b>206 E. 9TH STREET, SUITE 1300</b>	City <b>AUSTIN</b>	State <b>TX</b>	ZIP Code <b>78701</b>
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Sign here <b>Cindy Chin</b>	Title <b>Electronic</b>	Date <b>05-10-2016</b>	Area code and phone number <b>( 713 ) 782 - 9100</b>
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**Texas Comptroller Official Use Only**

VE/DE	<input type="radio"/>	PIR IND	<input type="radio"/>
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Filing Number: 110172100



Comptroller of Public Accounts FORM 05-102 (Rev. 9-11/30)

**Texas Franchise Tax Public Information Report**

To be filed by Corporations, Limited Liability Companies (LLC) and Financial Institutions

This report MUST be signed and filed to satisfy franchise tax requirements

Tcode 13196 Franchise

Taxpayer number

3 0 1 1 3 2 6 4 4 6 6

Report year

2 0 1 7

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Taxpayer name <b>WESTMONT HOSPITALITY GROUP, INC.</b>			
Mailing address <b>5847 SAN FELIPE ST STE 4600</b>			Secretary of State (SOS) file number or Comptroller file number <b>0110172100</b>
City <b>HOUSTON</b>	State <b>TX</b>	ZIP Code <b>77057</b>	Plus 4

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Principal office
Principal place of business

Please sign below!

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**SECTION A** Name, title and mailing address of each officer, director or manager.

Name <b>MAJID MANGALJI</b>	Title <b>PRESIDENT</b>	Director <input checked="" type="radio"/> YES	Term expiration m m d d y y [ ][ ][ ][ ][ ][ ]
Mailing address <b>5847 SAN FELIPE ST STE 4600</b>	City <b>HOUSTON</b>	State <b>TX</b>	ZIP Code <b>77057</b>
Name <b>MOEZ MANGALJI</b>	Title <b>VP/SEC</b>	Director <input checked="" type="radio"/> YES	Term expiration m m d d y y [ ][ ][ ][ ][ ][ ]
Mailing address <b>5847 SAN FELIPE ST STE 4600</b>	City <b>HOUSTON</b>	State <b>TX</b>	ZIP Code <b>77057</b>
Name	Title	Director <input type="radio"/> YES	Term expiration m m d d y y [ ][ ][ ][ ][ ][ ]
Mailing address	City	State	ZIP Code

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sign here <b>Cindy Chin</b>	Title <b>Electronic</b>	Date <b>04-27-2017</b>	Area code and phone number <b>( 713 ) 782 - 9100</b>
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**Texas Comptroller Official Use Only**


VE/DE <input type="radio"/>	PIR IND <input type="radio"/>
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Filing Number: 110172100

Comptroller  
of Public  
Accounts  
FORM

05-102

(Rev.9-11/30)

■ Tcode 13196 Franchise

## Texas Franchise Tax Public Information Report

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3 0 1 1 3 2 6 4 4 6 6

2 0 1 8

Taxpayer name <b>WESTMONT HOSPITALITY GROUP, INC.</b>				Secretary of State (SOS) file number or Comptroller file number <b>0110172100</b>	
Mailing address <b>5847 SAN FELIPE ST STE 4600</b>					
City <b>HOUSTON</b>		State <b>TX</b>	ZIP Code <b>77057</b>	Plus 4	

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## SECTION A Name, title and mailing address of each officer, director or manager.

3011326446618

Name <b>MAJID MANGALJI</b>	Title <b>PRESIDENT</b>	Director <input checked="" type="radio"/> YES	Term expiration m m d d y y <input type="text"/>
Mailing address <b>5847 SAN FELIPE ST STE 4600</b>	City <b>HOUSTON</b>	State <b>TX</b>	ZIP Code <b>77057</b>
Name <b>MOEZ MANGALJI</b>	Title <b>DIRECTOR</b>	Director <input checked="" type="radio"/> YES	Term expiration m m d d y y <input type="text"/>
Mailing address <b>5847 SAN FELIPE ST STE 4600</b>	City <b>HOUSTON</b>	State <b>TX</b>	ZIP Code <b>77057</b>
Name <b>MOEZ MANGALJI</b>	Title <b>VICE PRESI</b>	Director <input checked="" type="radio"/> YES	Term expiration m m d d y y <input type="text"/>
Mailing address <b>5847 SAN FELIPE ST STE 4600</b>	City <b>HOUSTON</b>	State <b>TX</b>	ZIP Code <b>77057</b>

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sign here <b>Cindy Chin</b>	Title <b>Electronic</b>	Date <b>04-23-2018</b>	Area code and phone number <b>( 713 ) 782 - 9100</b>
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VE/DE <input type="radio"/>	PIR IND <input type="radio"/>
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Comptroller of Public Accounts  
FORM 05-102  
(Rev. 9-11/30)

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Mailing address <b>5847 SAN FELIPE ST STE 4600</b>	City <b>HOUSTON</b>	State <b>TX</b>	ZIP Code <b>77057</b>
Name <b>MOEZ MANGALJI</b>	Title <b>SECRETARY</b>	Director <input checked="" type="radio"/> YES	Term expiration m m d d y y [ ][ ][ ][ ][ ][ ]
Mailing address <b>5847 SAN FELIPE ST STE 4600</b>	City <b>HOUSTON</b>	State <b>TX</b>	ZIP Code <b>77057</b>
Name	Title	Director <input type="radio"/> YES	Term expiration m m d d y y [ ][ ][ ][ ][ ][ ]
Mailing address	City	State	ZIP Code

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VE/DE <input type="radio"/>	PIR IND <input type="radio"/>
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05-102  
(Rev. 9-11/30)

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2 0 1 9

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Mailing address <b>5847 SAN FELIPE ST STE 4600</b>			Secretary of State (SOS) file number or Comptroller file number <b>0110172100</b>
City <b>HOUSTON</b>	State <b>TX</b>	ZIP Code <b>77057</b>	Plus 4

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Principal office
Principal place of business

*Please sign below!*

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3011326446619

### SECTION A Name, title and mailing address of each officer, director or manager.

Name <b>MAJID MANGALJI</b>	Title <b>DIRECTOR</b>	Director <input checked="" type="radio"/> YES	Term expiration m m d d y y
Mailing address <b>5847 SAN FELIPE ST STE 4600</b>	City <b>HOUSTON</b>	State <b>TX</b>	ZIP Code <b>77057</b>
Name <b>MAJID MANGALJI</b>	Title <b>PRESIDENT</b>	Director <input type="radio"/> YES	Term expiration m m d d y y
Mailing address <b>5847 SAN FELIPE ST STE 4600</b>	City <b>HOUSTON</b>	State <b>TX</b>	ZIP Code <b>77057</b>
Name <b>MOEZ MANGALJI</b>	Title <b>DIRECTOR</b>	Director <input checked="" type="radio"/> YES	Term expiration m m d d y y
Mailing address <b>5847 SAN FELIPE ST STE 4600</b>	City <b>HOUSTON</b>	State <b>TX</b>	ZIP Code <b>77057</b>

### SECTION B Enter the information required for each corporation or LLC, if any, in which this entity owns an interest of 10 percent or more.

Name of owned (subsidiary) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of ownership
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### SECTION C Enter the information required for each corporation or LLC, if any, that owns an interest of 10 percent or more in this entity or limited liability company.

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Agent: **CAPITOL CORPORATE SERVICES, INC.** ☐ Blacken circle if you need forms to change the registered agent or registered office information.

Office: <b>206 E. 9TH STREET, SUITE 1300</b>	City <b>AUSTIN</b>	State <b>TX</b>	ZIP Code <b>78701</b>
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sign here <b>Cindy Chin</b>	Title <b>Electronic</b>	Date <b>05-14-2019</b>	Area code and phone number <b>( 713 ) 782 - 9100</b>
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### Texas Comptroller Official Use Only



VE/DE	<input type="radio"/>	PIR IND	<input type="radio"/>
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Comptroller of Public Accounts  
FORM 05-102 (Rev. 9-11/30)

## Texas Franchise Tax Public Information Report

To be filed by Corporations, Limited Liability Companies (LLC) and Financial Institutions

This report **MUST** be signed and filed to satisfy franchise tax requirements

■ Tcode 13196 Franchise

■ Taxpayer number

3 0 1 1 3 2 6 4 4 6 6

■ Report year

2 0 1 9

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Taxpayer name <b>WESTMONT HOSPITALITY GROUP, INC.</b>			
Mailing address <b>5847 SAN FELIPE ST STE 4600</b>			Secretary of State (SOS) file number or Comptroller file number <b>0110172100</b>
City <b>HOUSTON</b>	State <b>TX</b>	ZIP Code <b>77057</b>	Plus 4

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Principal place of business

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### SECTION A Name, title and mailing address of each officer, director or manager.

Name <b>MOEZ MANGALJI</b>	Title <b>DIRECTOR</b>	Director <input checked="" type="radio"/> YES	Term expiration m m d d y y [ ][ ][ ][ ][ ][ ]
Mailing address <b>5847 SAN FELIPE ST STE 4600</b>	City <b>HOUSTON</b>	State <b>TX</b>	ZIP Code <b>77057</b>
Name <b>MOEZ MANGALJI</b>	Title <b>SECRETARY</b>	Director <input type="radio"/> YES	Term expiration m m d d y y [ ][ ][ ][ ][ ][ ]
Mailing address <b>5847 SAN FELIPE ST STE 4600</b>	City <b>HOUSTON</b>	State <b>TX</b>	ZIP Code <b>77057</b>
Name <b>MOEZ MANGALJI</b>	Title <b>DIRECTOR</b>	Director <input checked="" type="radio"/> YES	Term expiration m m d d y y [ ][ ][ ][ ][ ][ ]
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Office: <b>206 E. 9TH STREET, SUITE 1300</b>	City <b>AUSTIN</b>	State <b>TX</b>	ZIP Code <b>78701</b>
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Name <b>MAJID MANGALJI</b>	Title <b>DIRECTOR</b>	Director <input checked="" type="radio"/> YES	Term expiration m m d d y y
Mailing address <b>5847 SAN FELIPE ST STE 4600</b>	City <b>HOUSTON</b>	State <b>TX</b>	ZIP Code <b>77057</b>
Name <b>MOEZ MANGALJI</b>	Title <b>VICE PRESI</b>	Director <input type="radio"/> YES	Term expiration m m d d y y
Mailing address <b>5847 SAN FELIPE ST STE 4600</b>	City <b>HOUSTON</b>	State <b>TX</b>	ZIP Code <b>77057</b>
Name	Title	Director <input type="radio"/> YES	Term expiration m m d d y y
Mailing address	City	State	ZIP Code

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Taxpayer name

WESTMONT HOSPITALITY GROUP, INC.

Mailing address

5847 SAN FELIPE ST STE 4600

Secretary of State (SOS) file number or  
Comptroller file number

City

HOUSTON

State

TX

ZIP Code

77057

Plus 4

0110172100

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3011326446620

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Name <b>MOEZ MANGALJI</b>	Title <b>SECRETARY</b>	Director <input type="radio"/> YES	Term expiration m m d d y y
Mailing address <b>5847 SAN FELIPE ST STE 4600</b>	City <b>HOUSTON</b>	State <b>TX</b>	ZIP Code <b>77057</b>
Name <b>MAJID MANGALJI</b>	Title <b>DIRECTOR</b>	Director <input checked="" type="radio"/> YES	Term expiration m m d d y y
Mailing address <b>5847 SAN FELIPE ST STE 4600</b>	City <b>HOUSTON</b>	State <b>TX</b>	ZIP Code <b>77057</b>

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City

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State

**TX**

ZIP Code

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VE/DE

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Name <b>MOEZ MANGALJI</b>	Title <b>DIRECTOR</b>	Director <input checked="" type="radio"/> YES	Term expiration m m d d y y [ ][ ][ ][ ][ ][ ]
Mailing address <b>5847 SAN FELIPE ST STE 4600</b>	City <b>HOUSTON</b>	State <b>TX</b>	ZIP Code <b>77057</b>
Name <b>MOEZ MANGALJI</b>	Title <b>DIRECTOR</b>	Director <input checked="" type="radio"/> YES	Term expiration m m d d y y [ ][ ][ ][ ][ ][ ]
Mailing address <b>5847 SAN FELIPE ST STE 4600</b>	City <b>HOUSTON</b>	State <b>TX</b>	ZIP Code <b>77057</b>
Name <b>MAJID MANGALJI</b>	Title <b>PRESIDENT</b>	Director <input type="radio"/> YES	Term expiration m m d d y y [ ][ ][ ][ ][ ][ ]
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3011326446621

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Name	Title	Director	Term expiration												
<b>MOEZ MANGALJI</b>	<b>DIRECTOR</b>	<input checked="" type="radio"/> YES	<table border="1"> <tr> <td>m</td><td>m</td><td>d</td><td>d</td><td>y</td><td>y</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>	m	m	d	d	y	y						
m	m	d	d	y	y										
Mailing address <b>5847 SAN FELIPE ST STE 4600</b>	City <b>HOUSTON</b>	State <b>TX</b>	ZIP Code <b>77057</b>												
<b>MAJID MANGALJI</b>	<b>PRESIDENT</b>	<input type="radio"/> YES	<table border="1"> <tr> <td>m</td><td>m</td><td>d</td><td>d</td><td>y</td><td>y</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>	m	m	d	d	y	y						
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Name of owned (subsidiary) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of ownership

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Name of owned (parent) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of ownership

Registered agent and registered office currently on file. (see instructions if you need to make changes)  
Agent: **CAPITOL CORPORATE SERVICES, INC.**

☐ Blacken circle if you need forms to change the registered agent or registered office information.

Office: <b>206 E. 9TH STREET, SUITE 1300</b>	City <b>AUSTIN</b>	State <b>TX</b>	ZIP Code <b>78701</b>
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The above information is required by Section 171.203 of the Tax Code for each corporation or limited liability company that files a Texas Franchise Tax Report. Use additional sheets for Sections A, B, and C, if necessary. The information will be available for public inspection.

I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below, and that a copy of this report has been mailed to each person named in this report who is an officer, director or manager and who is not currently employed by this, or a related, corporation or limited liability company.

sign here <b>Cindy Chin</b>	Title <b>Electronic</b>	Date <b>05-13-2021</b>	Area code and phone number <b>( 713 ) 782 - 9100</b>
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### Texas Comptroller Official Use Only



VE/DE	<input type="radio"/>	PIR IND	<input type="radio"/>
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Comptroller of Public Accounts  
FORM 05-102 (Rev. 9-11/30)

## Texas Franchise Tax Public Information Report

To be filed by Corporations, Limited Liability Companies (LLC) and Financial Institutions

This report MUST be signed and filed to satisfy franchise tax requirements

Tcode 13196 Franchise

Taxpayer number

3 0 1 1 3 2 6 4 4 6 6

Report year

2 0 2 1

You have certain rights under Chapter 552 and 559, Government Code, to review, request, and correct information we have on file about you. Contact us at (800) 252-1381 or (512) 463-4600.

Taxpayer name <b>WESTMONT HOSPITALITY GROUP, INC.</b>			
Mailing address <b>5847 SAN FELIPE ST STE 4600</b>			Secretary of State (SOS) file number or Comptroller file number <b>0110172100</b>
City <b>HOUSTON</b>	State <b>TX</b>	ZIP Code <b>77057</b>	Plus 4

Blacken circle if there are currently no changes from previous year; if no information is displayed, complete the applicable information in Sections A, B and C.

Principal office
Principal place of business

*Please sign below!*

Officer, director and manager information is reported as of the date a Public Information Report is completed. The information is updated annually as part of the franchise tax report. There is no requirement or procedure for supplementing the information as officers, directors, or managers change throughout the year.



### SECTION A Name, title and mailing address of each officer, director or manager.

Name <b>MOEZ MANGALJI</b>	Title <b>DIRECTOR</b>	Director <input checked="" type="radio"/> YES	Term expiration m m d d y y [ ][ ][ ][ ][ ][ ]
Mailing address <b>5847 SAN FELIPE ST STE 4600</b>	City <b>HOUSTON</b>	State <b>TX</b>	ZIP Code <b>77057</b>
Name <b>MOEZ MANGALJI</b>	Title <b>SECRETARY</b>	Director <input type="radio"/> YES	Term expiration m m d d y y [ ][ ][ ][ ][ ][ ]
Mailing address <b>5847 SAN FELIPE ST STE 4600</b>	City <b>HOUSTON</b>	State <b>TX</b>	ZIP Code <b>77057</b>
Name <b>MAJID MANGALJI</b>	Title <b>DIRECTOR</b>	Director <input checked="" type="radio"/> YES	Term expiration m m d d y y [ ][ ][ ][ ][ ][ ]
Mailing address <b>5847 SAN FELIPE ST STE 4600</b>	City <b>HOUSTON</b>	State <b>TX</b>	ZIP Code <b>77057</b>

### SECTION B Enter the information required for each corporation or LLC, if any, in which this entity owns an interest of 10 percent or more.

Name of owned (subsidiary) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of ownership
Name of owned (subsidiary) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of ownership

### SECTION C Enter the information required for each corporation or LLC, if any, that owns an interest of 10 percent or more in this entity or limited liability company.

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Agent: **CAPITOL CORPORATE SERVICES, INC.** ☐ Blacken circle if you need forms to change the registered agent or registered office information.

Office: <b>206 E. 9TH STREET, SUITE 1300</b>	City <b>AUSTIN</b>	State <b>TX</b>	ZIP Code <b>78701</b>
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sign here <b>Cindy Chin</b>	Title <b>Electronic</b>	Date <b>05-13-2021</b>	Area code and phone number <b>( 713 ) 782 - 9100</b>
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Comptroller of Public Accounts  
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3 0 1 1 3 2 6 4 4 6 6

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City <b>HOUSTON</b>	State <b>TX</b>	ZIP Code <b>77057</b>	Plus 4 <b>0110172100</b>

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Principal place of business

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Name <b>MOEZ MANGALJI</b>	Title <b>VICE PRESI</b>	Director <input type="radio"/> YES	Term expiration m m d d y y
Mailing address <b>5847 SAN FELIPE ST STE 4600</b>	City <b>HOUSTON</b>	State <b>TX</b>	ZIP Code <b>77057</b>
Name <b>MAJID MANGALJI</b>	Title <b>DIRECTOR</b>	Director <input checked="" type="radio"/> YES	Term expiration m m d d y y
Mailing address <b>5847 SAN FELIPE ST STE 4600</b>	City <b>HOUSTON</b>	State <b>TX</b>	ZIP Code <b>77057</b>
Name	Title	Director <input type="radio"/> YES	Term expiration m m d d y y
Mailing address	City	State	ZIP Code

### SECTION B Enter the information required for each corporation or LLC, if any, in which this entity owns an interest of 10 percent or more.

Name of owned (subsidiary) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of ownership
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Office: <b>206 E. 9TH STREET, SUITE 1300</b>	City <b>AUSTIN</b>	State <b>TX</b>	ZIP Code <b>78701</b>
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